

Name of governmental unit, private nonprofit educational institution, nonprofit museum, business in economic development area, rural water district, or Habitat for Humanity_____

Federal Employer Identification Number_____

Current Mailing Address or PO Box_____

City_____State_____ZIP_____County Number_____

Items 1 – 5 below and the local option tax summary on page 2 must be completed before your claim can be processed. Additional documentation may be required by the Iowa Department of Revenue.

1. Description of project and/or certificate number_____
2. Final settlement date of contract____/____/____ Claim must be filed within one year of final settlement.
3. Was contract in writing? Yes ☐ No ☐ If yes, date signed____/____/____ Contract must be in writing to be eligible for a refund.
4. Have you previously filed a claim for this project? Yes ☐ No ☐ If yes, date filed____/____/____
5. Are you claiming a refund for which you received a tax credit certificate? Yes ☐ No ☐ If yes, a copy of the tax credit certificate must be included with this claim for refund.

List contractors and subcontractors only. Include additional sheets, if needed.

Name of Contractor/Subcontractor	Material Purchases Amount	Iowa Sales/Use Tax to Be Refunded	Local Option Tax to Be Refunded

Subtotals_____

Total Refund Due: Add Iowa sales/use tax and local option tax subtotals_____

I, the undersigned, declare under penalty of perjury, that I have examined this claim, including all contractor's statements, and, to the best of my knowledge and belief, it is a true, correct, and complete claim. This claim is filed pursuant to section 423.4 Code of Iowa.

Signature_____Print Name_____

Title_____Daytime Telephone Number_____Date_____

Mail completed form, including original contractor's statements to:

Compliance Services
Iowa Department of Revenue
PO Box 10456
Des Moines, IA 50306-0456

Local Option Tax Summary

Instructions: Report the total Iowa local option sales tax as found on all the contractor's statements included with this claim for refund. They must be broken down by county in order to process your claim. The totals must match the Iowa local option sales tax subtotal on page 1 of this form. This information is necessary to make appropriate distributions of the Iowa local option sales tax. Failure to provide this breakdown will delay processing of your refund claim.

COUNTY NAME & NUMBER	LOCAL OPTION SALES TAX
01-ADAIR	
02-ADAMS	
03-ALLAMAKEE	
04-APPANOOSE	
05-AUDUBON	
06-BENTON	
07-BLACK HAWK	
08-BOONE	
09-BREMER	
10-BUCHANAN	
11-BUENA VISTA	
12-BUTLER	
13-CALHOUN	
14-CARROLL	
15-CASS	
16-CEDAR	
17-CERRO GORDO	
18-CHEROKEE	
19-CHICKASAW	
20-CLARKE	
21-CLAY	
22-CLAYTON	
23-CLINTON	
24-CRAWFORD	
25-DALLAS	
26-DAVIS	
27-DECATUR	
28-DELAWARE	
29-DES MOINES	
30-DICKINSON	
31-DUBUQUE	
32-EMMET	
33-FAYETTE	

COUNTY NAME & NUMBER	LOCAL OPTION SALES TAX
34-FLOYD	
35-FRANKLIN	
36-FREMONT	
37-GREENE	
38-GRUNDY	
39-GUTHRIE	
40-HAMILTON	
41-HANCOCK	
42-HARDIN	
43-HARRISON	
44-HENRY	
45-HOWARD	
46-HUMBOLDT	
47-IDA	
48-IOWA	
49-JACKSON	
50-JASPER	
51-JEFFERSON	
52-JOHNSON	
53-JONES	
54-KEOKUK	
55-KOSSUTH	
56-LEE	
57-LINN	
58-LOUISA	
59-LUCAS	
60-LYON	
61-MADISON	
62-MAHASKA	
63-MARION	
64-MARSHALL	
65-MILLS	
66-MITCHELLS	

COUNTY NAME & NUMBER	LOCAL OPTION SALES TAX
67-MONONA	
68-MONROE	
69-MONTGOMERY	
70-MUSCATINE	
71-O'BRIEN	
72-OSCEOLA	
73-PAGE	
74-PALO ALTO	
75-PLYMOUTH	
76-POCAHONTAS	
77-POLK	
78-POTTAWATTAMIE	
79-POWESHIEK	
80-RINGGOLD	
81-SAC	
82-SCOTT	
83-SHELBY	
84-SIOUX	
85-STORY	
86-TAMA	
87-TAYLOR	
88-UNION	
89-VAN BUREN	
90-WAPELLLO	
91-WARREN	
92-WASHINGTON	
93-WAYNE	
94-WEBSTER	
95-WINNEBAGO	
96-WINNESHIEK	
97-WOODBURY	
98-WORTH	
99-WRIGHT	

Total Local Option Sales Tax_____